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## BIB DATA SHEET

CONFIRMATION NO. 1547

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|--|---|--|---|--|---------------------------|--------------------------------|
| <b>SERIAL NUMBER</b><br>09/672,328   | <b>FILING or 371(c) DATE</b><br>09/29/2000<br><b>RULE</b>   | <b>CLASS</b><br>560                                      | <b>GROUP ART UNIT</b><br>1625   | <b>ATTORNEY DOCKET NO.</b><br>99104CON |                           |                                |
| <b>APPLICANTS</b><br>James A. Belmont, Acton, MA;<br><b>** CONTINUING DATA *****</b><br>This appln claims benefit of 60/157,284 10/01/1999<br><b>** FOREIGN APPLICATIONS *****</b><br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>11/16/2000                 |   |  |   |  |                           |                                |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Verified and Acknowledged <u>/VICTOR V OH/</u><br>Examiner's Signature |   | <input type="checkbox"/> Met after Allowance<br>Initials | <b>STATE OR COUNTRY</b><br>MA   | <b>SHEETS DRAWINGS</b>                 | <b>TOTAL CLAIMS</b><br>31 | <b>INDEPENDENT CLAIMS</b><br>1 |
| <b>ADDRESS</b><br>Michelle B Lando Esq<br>Cabot Corporation<br>Law Department<br>157 Concord Road<br>Billerica, MA 01821-7001<br>UNITED STATES   |   |  |   |  |                           |                                |
| <b>TITLE</b><br>Modified pigments having steric and amphiphilic groups   |   |  |   |  |                           |                                |
| <b>FILING FEE RECEIVED</b><br>1018   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                           |                                |